

# Health + Education in the School + Community

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What's Next for CSH?

American School Health Association

<http://blog.wholechildeducation.org/2010/10/22/whats-next-for-coordinated-school-health/>

Is traditional CSH obsolete?

Has it lived past its use-by date?

How can we better combine Health and Education?

If so, what steps are required?

What discussions are needed?

Who needs to be at the table?



Issue

Establishment of CSH

Successes and limitations

Need for change?

9 levers of change

Key levers

- principal as leader
- role of community as partners

Questions and discussion



## Issue

*Health and wellbeing* have for too long been considered the domain of *health* experts.

For too long it has been silo-ed both geographically and philosophically apart from the school and the educational context.

Community

**CSH**

School

Education

Rarely has *health* been included or required to be an integral part of the school's educational process – but when it has the results are surprising.

Schools that work purposefully towards enhancing the health – mental, social, emotional as well as physical – of both their staff and students, frequently report results that Principals and Administrators want to hear...

- higher academic achievement of students<sup>[\[i\]](#)</sup>
- increased staff satisfaction and less staff turnover<sup>[\[ii\]](#)</sup>
- greater efficiency<sup>[\[iii\]](#)</sup>
- the development of a positive school climate<sup>[\[iv\]](#)</sup>
- and ultimately the development of a school-community culture that promotes and enhances student growth<sup>[\[v\]](#)</sup>.



Community

School

Education

Health



## Establishment of CSH

Introduced in 1987

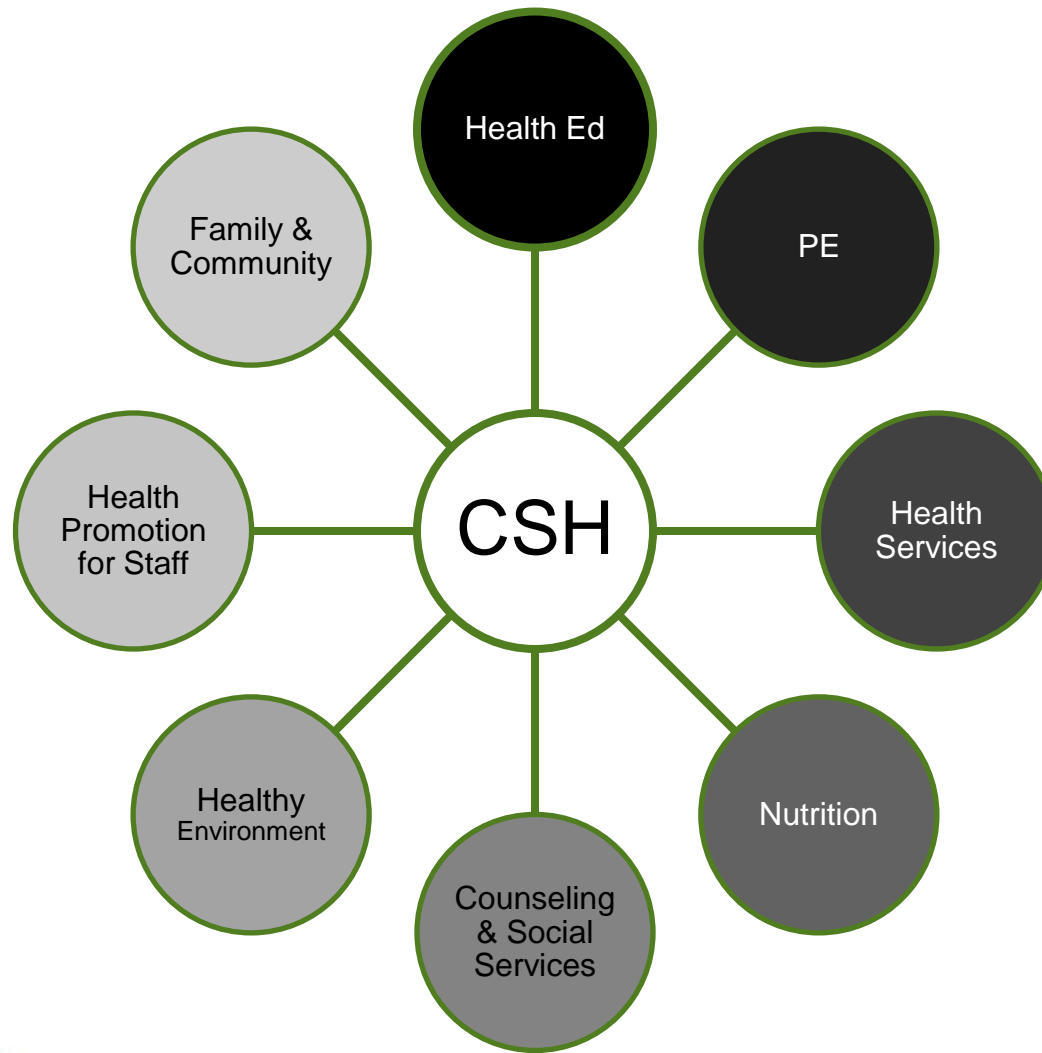
8 component model

Broader and more defined approach to school health

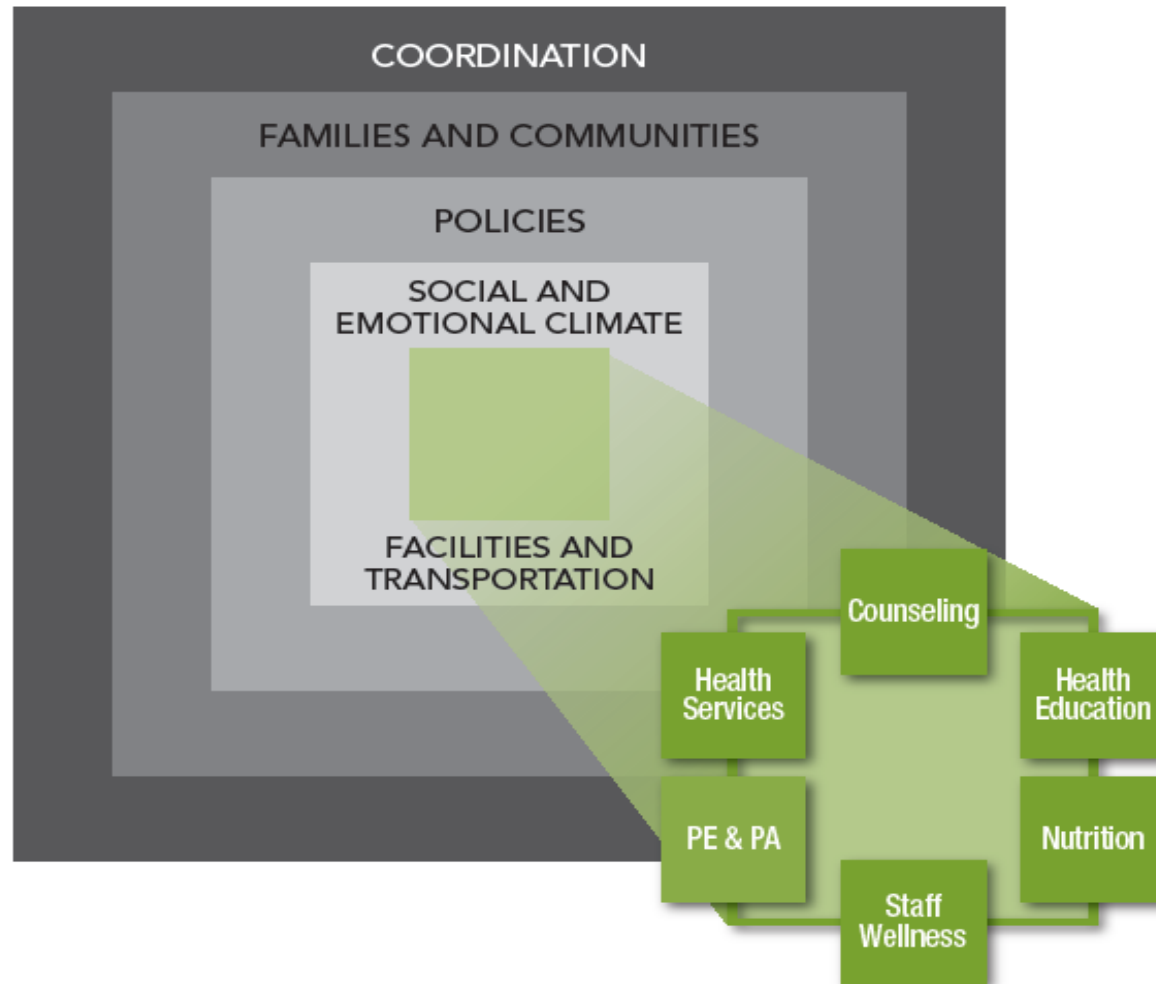
CDC/DASH disseminated this model

Provided a standard, reliable framework for organizing school health nationwide.<sup>4</sup>

# Coordinated School Health



# Healthy School Communities



Used in at least 46 states plus adaptations in Mexico, Canada, Egypt, Saudi Arabia, Oman, and West Africa

## **Successes and limitations**

This health-centric CSH approach has undoubtedly had some success

Common health-centric framework

Alignment of health agencies, services, functions

Promotion of academic benefits for health

Approaches have frequently required a substantial change in the way schools and their staff practice

## Successes and limitations

however it has never had the broad encompassing success and influence over the whole school environment that had been envisioned.

Gap between theory and practice

Promotion that *health* is the duty of health professionals

Where there was a need 20 yrs ago to target the health and wellbeing of students via a separate and distinct structure in order to focus attention/resources towards *health*

...there is a need today to combine, align and merge these structures so that systems work in unison.

We do not have the time nor resources to continue the current *push me-pull me* environment and neither do our children.



*[W]e must connect the dots between health and learning.*

*...limited resources and a shared commitment to children's wellbeing make a coordinated approach not only practical but preferable*

*...the promise of a coordinated school health program thus far outshines its practice*

*Eva Marx, Susan Wooley & Daphne Northrop, 1998*



*In sum, if American schools do not coordinate and modernize their school health programs as a critical part of educational reform, our children will continue to benefit at the margins from a wide disarray of otherwise unrelated, if not underdeveloped, efforts to improve interdependent education, health, and social outcomes. And, we will forfeit one of the most appropriate and powerful means available to improve student performance.*

***Lloyd Kolbe, 2002***





*Insistence on alignment of programs under the “health” banner is detrimental to the purpose and mission of both school health and school improvement. Persistence in garnering support for health “programs” rather than finding the niche of the health-promotion process in ongoing school improvement efforts contributes to insurmountable language and organizational barriers that detract from the existent value of health in the school setting.*

*Tena Hoyle, Todd Bartee & Diane Allensworth, 2009*



*Though rhetorical support is increasing, school health is currently not a central part of the fundamental mission of schools in America nor has it been well integrated into the broader national strategy to reduce the gaps in educational opportunity and outcomes.*

*Charles Basch, 2010*

“

*A paradigm shift is needed... why after 20 years haven't all schools adopted Coordinated School Health?*

*Joyce Fetro, 2010*

## Need for change?

So what has held educators back from whole heartedly embracing *health and wellbeing* across their schools and across their policies, processes and systems?

## Need for change?

The answer may be somewhat two-fold

1. There are schools that hold a belief that they are there only to educate the child academically
2. A traditional silo-ed form of CSH itself...

## Need for change? CSH itself...

The fact that there has been a section of the system that has been designed to cater to the health needs of students has in fact allowed *education* to ignore or push *health* aside.

It has perpetuated the silo-ing of *health* and *education*.



Community

Health

School

Education

A diagram consisting of four rounded rectangular boxes. On the left, an orange box labeled 'School' contains a smaller green box labeled 'Education'. On the right, a yellow box labeled 'Community' contains a smaller orange box labeled 'Health'. The 'School' and 'Community' boxes overlap in the center. The entire diagram is set against a white background with a decorative border of green and grey shapes.

School

Community

Education

Health





Community

School

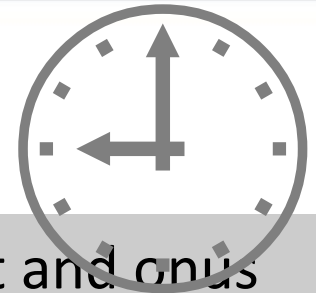
Education

Health



A change in how we view health and education is required – a change in how the two operate, align and integrate in the school and community setting.

However the biggest change must be in how *education* views *health*. Therefore the conversation cannot be directed towards health professionals but towards education professionals. It must outline and define the educational benefits of healthy students, healthy staff and a healthy effective school – for education's sake.



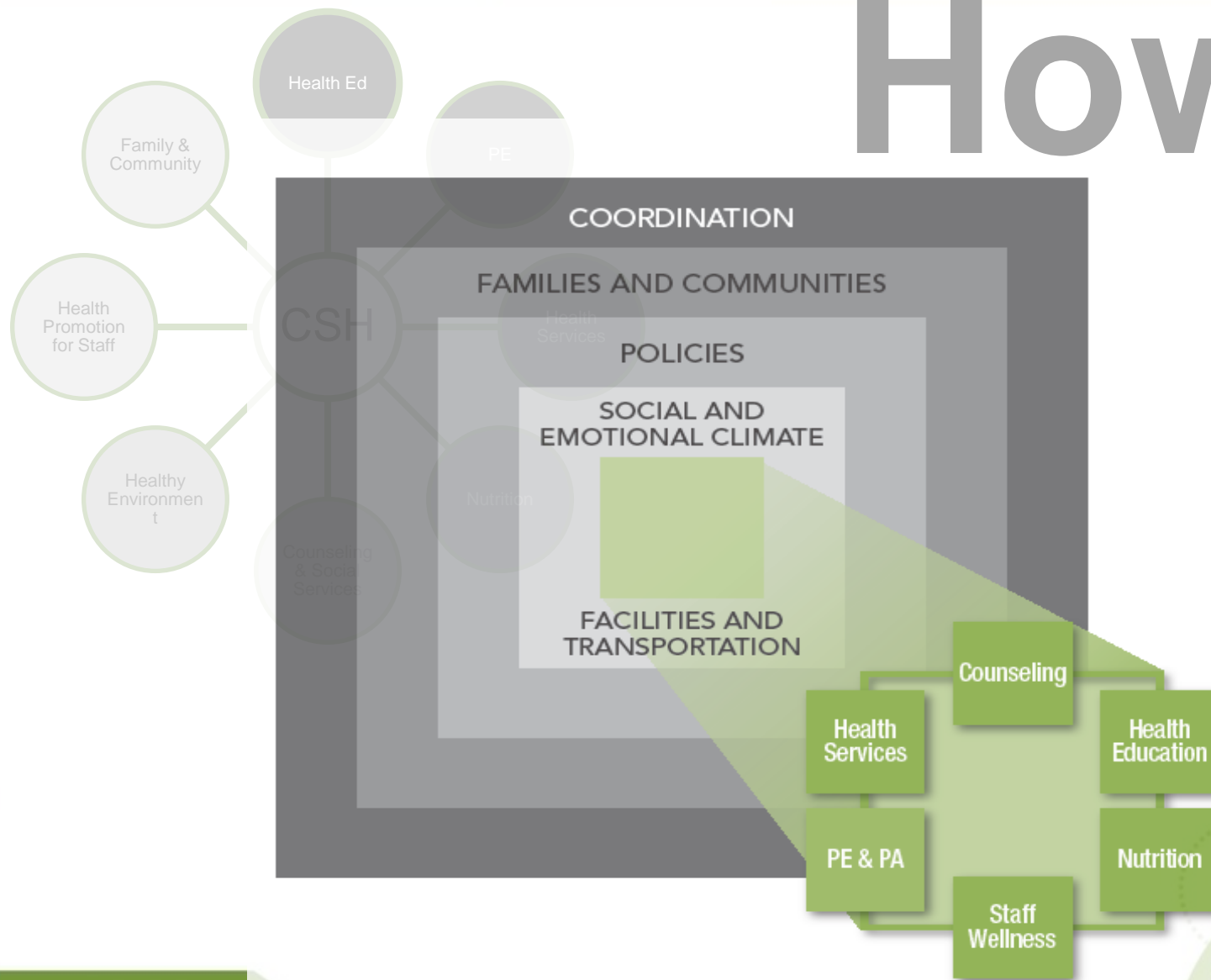
It should not be assumed, however, that the weight and onus of health and wellbeing should be transferred from *health* to *education* in the school context. Nor should it be inferred that the expertise of health professionals be ignored, disregarded or side-lined.

Rather what should be assumed is that *health* and *education* be required to work as partners just as the *school* and *community* must work as partners to establish safe, connected and resource rich environments with common goals and aligned strategies.

# How?

Less has been articulated however in how this is to be achieved, and in short if we are to better align, coordinate and link health and education in the school setting the conversation must be expanded to include educators – teachers, school staff and administrators.

# How?



# How?

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# How?

## 9 levers

Teaching, learning and leading in Healthy School Communities

# How?

## 9 levers

- 1. Principal as leader**
2. Active and engaged leadership
3. Distributive team leadership
4. Effective use of data in planning process
5. Integration with the school improvement plan
6. Ongoing and embedded professional development
- 7. Authentic community collaborations**
8. Stakeholder support of local efforts
9. Creation/modification of school policy related to process



# How?

## 9 levers

### Principal as leader

Principal leadership matters...! In fact, the recent evaluation of that Healthy School Communities (HSC) pilot project showed that the role of the principal was the most critical piece of the puzzle in implementing a meaningful school change -- but these places more often than not arose via the influence and role the principal took in the implementation of HSC.

# How?

## 9 levers

### Principal as leader

A School Improvement process & School Improvement Tool

Not an add-on but a fundamental core

Not just health... not just academics, but a positive school climate, an effective teaching & learning climate, greater staff retention, enhanced resources, and greater community collaboration.

# How?

## 9 levers

### Principal as leader

The principal is the school principal with the most authority and the school is the only place where the principal's leadership largely determines the quality of the school. The principal is the one who is responsible for the school's success or failure. If the principal is not doing his or her job well, the school will not be successful. If the principal is doing his or her job well, the school will be successful. In short, the principal is the key to the school's success.

- U.S. Congress, 1970, p. 56

# How?

## 9 levers

### **Authentic community collaborations**

All partners in the school community need to have a sense of ownership and control of meaningful aspects of the school's processes and functions. Token requests for involvement, which usually consist of volunteering or donating services for a set time period, do not inspire collaboration or require engagement and are neither empowering nor sustainable (Epstein & Salinas, 2004).

# How?

## 9 levers

### Authentic community collaborations

[Iroquois Ridge High School](#), Ontario, Canada

Not just parents, families but students, businesses, neighbors

# How?

## 9 levers

### Authentic community collaborations

[T.C. Howe Community High School](#), Indianapolis, Indiana

Moved from 2 community partners to now over 40

Open 7am-7pm

SBHC caters to all community

# How?

## 9 levers

### Authentic community collaborations

*Health isn't a buzz word at Howe; it is a frame of mind and an approach to caring for one another and to building a better school community. The concept has become such an integral part of the school's identity that the staff integrated a detailed action plan into the school's improvement plan based upon our latest results from the Healthy School Report Card.*

**—Jamie Buffington, Special Education Teacher, T. C. Howe**



Community

School

Education

Health

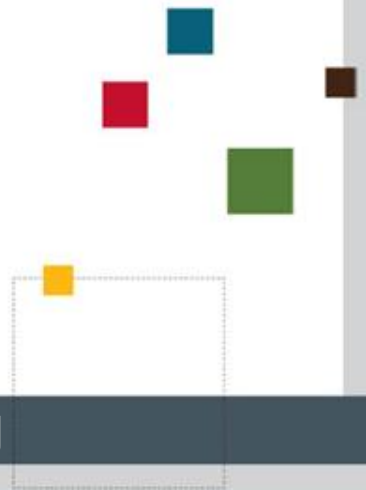


Q

Questions?



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